



Robert N. Feldman  
Direct Dial: (617) 307-6130  
feldman@birnbaumgodkin.com

May 17, 2007

**BY HAND**

Joseph L. Tehan, Jr., Esquire  
Kopelman and Paige, P.C.  
101 Arch Street, 12<sup>th</sup> Floor  
Boston, MA 02210

*RE: Betty Anne Waters, as Administratrix of Estate of Kenneth Waters  
vs. Town of Ayer, et al. -- Civil Action No. 04 10521 (GAO)*

Dear Jay:

Pursuant to Federal Rules of Civil Procedure 26 and 34, enclosed please find the Reliagene Technologies, Inc. Report and Declaration of Elizabeth O'Connor.

Very truly yours,

Robert N. Feldman

RNF/cam  
Enclosure  
cc: Deborah L. Cornwall, Esquire (w/o enc.)

UNITED STATES DISTRICT COURT  
FOR THE DISTRICT OF MASSACHUSETTS

BETTY ANNE WATERS as  
Administratrix of the Estate of  
KENNETH WATERS,  
Plaintiff,

vs.

TOWN OF AYER,  
NANCY TAYLOR-HARRIS,  
ARTHUR BOISSEAU,  
BUDDY DECOT,  
WILLIAM ADAMSON,  
JOHN AND JANE DOES 1-16,  
Defendants.

CIVIL ACTION  
NO. 04-10521-GA0

**DECLARATION OF ELIZABETH O'CONNOR**

I, Elizabeth O'Connor, hereby declare the following to be true:

1. Prior to becoming Elizabeth O'Connor, my name was Elizabeth Waters.
2. I have nine biological children, including five biological sons.
3. My oldest son, now deceased, Leroy E. Waters, Jr. was born on May 6, 1951.

Leroy's birth certificate is attached hereto as Exhibit A.

4. My second son, John E. Waters, was born on May 24, 1952. John's birth certificate is attached hereto as Exhibit B.

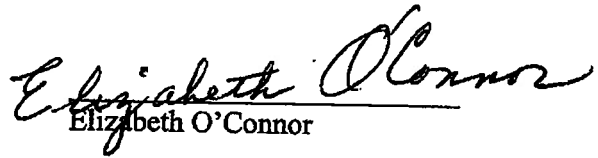
5. My third son, now deceased, Kenneth W. Waters, was born on August 16, 1953. Kenneth's birth certificate is attached hereto as Exhibit C.

6. My fourth son, David M. O'Connor, was born on February 27, 1957.
7. My fifth son, Eric B. O'Connor, was born on February 8, 1966.

8. Leroy was also known by the nickname of "Bobo."
9. John is also known by the nickname of "Jackie."
10. Kenneth was also known by the nicknames of "Kenny" and "Ken."
11. Eric is also known by the nickname of "Ricky."

Pursuant to 28 U.S.C. § 1746, I declare the foregoing to be true under the pains and penalties of perjury.

Dated: May 16, 2007

  
Elizabeth O'Connor

## **EXHIBIT A**



## CERTIFICATE OF VITAL RECORD

VERIFY PRESENCE OF WATERMARK HOLD TO LIGHT TO VIEW

The Commonwealth of Massachusetts

DEPARTMENT OF PUBLIC HEALTH  
BUREAU OF VITAL RECORDS AND STATISTICS

44-2541

SUFFOLK  
BOSTON

BOSTON 100

STANDARD

Registered No. 7121

CERTIFICATE OF BIRTH

(Given True)

100 South Street

BOSTON, MASS.

BIRTH OF

CHILD

BORN

ON

MAY 6 1951

AT

BOSTON, MASS.

TO

THE

BUREAU OF

VITAL RECORDS

AND

STATISTICS

OF

THE

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B



## **EXHIBIT B**



Town Clerk and  
Collector of Taxes

One Main Street

P.O. Box 308

Ayer, Massachusetts 01432

**MIDDLESEX**  
(County)

**AYER**  
(City or Town)

**AYER**  
(City or Town making this return)

Registered No. 113 126

The Commonwealth of Massachusetts  
EDWARD J. CRONIN  
SECRETARY OF THE COMMONWEALTH  
DIVISION OF VITAL STATISTICS  
STANDARD  
CERTIFICATE OF BIRTH

NO. ... COMMUNITY. MEMORIAL. HOSPITAL ... STREET ... WARD (If birth occurred in a hospital or institution, give its NAME instead of street and number)

FULL NAME OF CHILD JOHN EDWARD WATERS

If child is not yet named, make supplemental report, as directed.

1. Sex M 4. Twin or Triplet? No 5. Born ALIVE or STILLBORN Alive 6. Date of Birth May 24 1952  
(Month) (Day) (Year)

FATHER: FULL NAME Leroy Eugene Waters  
RESIDENCE, NO. 2122 South Grand-Lee Summit STREET  
CITY OR TOWN Jefferson City STATE Mo.

MOTHER: MAIDEN NAME Elizabeth May Davenport  
PRESENT NAME Elizabeth May Waters  
RESIDENCE, NO. Groton School Road STREET  
CITY OR TOWN Ayer STATE Mass

11. COLOR White 12. AGE AT TIME OF THIS BIRTH 22 (Years)  
13. COLOR White 14. AGE AT TIME OF THIS BIRTH 25 (Years)

15. PLACE OF BIRTH Jefferson City Mo. (City or Town) (State or country)  
16. PLACE OF BIRTH Natick Mass (City or Town) (State or country)

17. OCCUPATION Truck Driver 18. OCCUPATION Housewife

I hereby certify that I attended the birth of this child who was born at the hour of 2:15a m. on the date above stated. The information given was furnished by Elizabeth Waters related to this child as Mother

SIGNATURE OF ATTENDANT AT BIRTH J.A. McLean M.D. (Name) Physician J.A. McLean (Physician, parent or other, etc)

ADDRESS NO. 24 Washington Street DATE May 24 1952

MAY 29 1952

RECEIVED AT OFFICE OF CITY OR TOWN CLERK (Month) (Day) (Year)

TRUE COPY ATTEST: Therese A. Barry (Registrar)

I, the undersigned, hereby certify that I am the Town Clerk in the Town of Ayer, MA.  
That as such I have custody of the records of births, marriages and deaths required by law  
to be kept in my office, and I do hereby certify that the above is a true copy from said  
records.

Witness my hand and seal of the Town of Ayer on this 22nd day of July 2002

Ann L. Callahan  
Town Clerk, Asst Town Clerk

## **EXHIBIT C**





Town Clerk and  
Collector of Taxes

One Main Street

P.O. Box 308

Ayer, Massachusetts 01432

Middlesex (County)		Groton (City or Town)		Groton (City or Town making this return)	
Groton (City or Town)		Groton Comm. Hospital		STREET	
GROTON		WARD		(If birth occurred in a hospital or institution; give its NAME instead of street and number)	
FULL NAME OF CHILD <u>Kenneth William Waters</u>					
4 If plural Births <input type="checkbox"/>		5 For ALIVE or STILLBORN <u>Alive</u>		6 Date of Birth <u>August 16 1953</u> (Month) (Day) (Year)	
FATHER <u>Leroy R. Waters</u>		MOTHER 13 MAIDEN NAME <u>Elizabeth M. Davenport</u> PRESENT NAME <u>Elizabeth M. Waters</u>			
RESIDENCE NO. <u>Unknown</u> STREET <u>Unknown</u>		RESIDENCE NO. <u>Groton School Rd.</u> STREET <u>Unknown</u>			
CITY OR TOWN <u>Unknown</u> STATE <u>Unknown</u>		CITY OR TOWN <u>Ayer</u> STATE <u>Mass.</u>			
10 AGE AT TIME OF THIS BIRTH <u>21</u> (Years)		15 COLOR <u>White</u> AGE AT TIME OF THIS BIRTH <u>26</u> (Years)			
PLACE OF BIRTH <u>Jefferson City, Mo.</u> (City or Town) (State or country)		17 PLACE OF BIRTH <u>Natick, Mass.</u> (City or Town) (State or country)			
OCCUPATION <u>Unknown</u>		16 OCCUPATION <u>Telephone Operator</u>			
I hereby certify that I attended the birth of this child who was born at the hour of <u>9:51</u> P.M. on the date above stated. The information given was furnished by <u>Mother</u> related to this child as <u>Mother</u> .					
SIGNATURE OF ATTENDANT AT BIRTH <u>Cyrus CORREIA</u> (Name)		DATE <u>9/2/53</u>			
ADDRESS NO. <u>Groton, Mass.</u>		RECEIVED <u>Sept 9 1953</u> (Month) (Day) (Year)			
RECEIVED <u>Sept 3 1953</u> (Month) (Day) (Year)		RECEIVED <u>Sept 9 1953</u> (Month) (Day) (Year)			
REGISTRAR OF CITY OR TOWN WHERE BIRTH OCCURRED <u>Frank A. Torrey</u>		REGISTRAR OF CITY OR TOWN WHERE PARENTS RESIDE <u>William W. Barry</u>			

I, the undersigned, hereby certify that I am the Town Clerk in the Town of Ayer, MA, that as such I have custody of the records of births, marriages and deaths required by law to be kept in my office, and I do hereby certify that the above is a true copy from said records

Witness my hand and seal of the Town of Ayer on this 23rd day of May, 2001

Louise J. Rosa  
Town Clerk, Asst Town Clerk

05/16/2007 Wed 09:39

Denise Whatley 5047348787

ID: #27602 Page 1 of 4



# Fax Message

<b>To:</b>	<u>Barry Scheck</u>	<b>From:</b>	<u>Denise Whatley</u>
<b>Fax:</b>	<u>12129659084,,766</u>	<b>Pages:</b>	<u>4</u>
<b>Phone</b>	<u></u>	<b>Date/Time:</b>	<u>05/16/2007 Wed 09:39</u>
<b>Re:</b>	<u>F001781 - Final Report</u>	<b>CC:</b>	<u></u>

.....

Greetings,

Following this cover is a copy of the ReliaGene Technologies final report in reference to our file #F3-690-3 which has been processed in our laboratory.

Any questions concerning the results may be directed to Gina Pineda: 504-378-9640.

If additional information is needed, please advise.

For further assistance, please contact forensic customer service at: (1-877-735-4243) or (504-378-9607), or by email (forensic@reliagene.com).

Thank you for your interest in working with ReliaGene Technologies.

Denise Whatley  
Forensic Customer Service  
(P) 877-735-4243 or 504-378-9607 - (F) 504-734-9787  
dwhatley@reliagene.com

If there are any complications in the transmission of this fax, please call (504) 734-9700 or 1-800-256-4106.

The information contained in this Facsimile message is confidential and is intended only for the use of the addressee. If the reader of this message is not the addressee or the person responsible for the delivery to the addressee, you are hereby notified that any dissemination, distribution or copying of this message is strictly prohibited. If you have received this message in error, please notify us immediately by telephone and return this FAX message to us by the U.S. Postal Service. Thank you.

5525 Mounes Street, Suite 101, New Orleans, LA 70123 - [www.reliagene.com](http://www.reliagene.com)

05/16/2007 Wed 09:39

Denise Whatley 5047348787

ID: #27602 Page 2 of 4



## Forensic Test Results

Cochran, Neufeld, and Scheck  
Attn: Barry Scheck  
99 Hudson Street, 8th Floor  
New York, NY 10013

ReliaGene Case # F001781

Report Date: May 10, 2007

### ITEMS OF PHYSICAL EVIDENCE

ReliaGene Technologies, Inc. received the following items of physical evidence on April 13, 2007, AT 8:22 AM via UPS tracking #: 1Z70684E2210114083 for analysis:

ReliaGene Sample #	Description
07-03128	Buccal swabs of Elizabeth O'Connor

- Evidence to be returned to Cochran, Neufeld, and Scheck via overnight courier.

### CONCLUSIONS

DNA testing utilizing the Identifiler STR multiplex revealed the following:  
See the attached chart for the specific DNA typing results.

1. The buccal swabs of Elizabeth O'Connor, identified as ReliaGene Sample #07-03128, produced a distinct female genetic profile.
2. Based on the genetic test results, Elizabeth O'Connor is excluded as the biological mother of the DNA donor in the blood from bathroom rug #3 (item #1A) profile taken from Appendix 1 of Forensic Science Associates report dated May 14, 2001, case #00-628. Elizabeth O'Connor is also excluded as the biological mother of the DNA donor in FSA items 4A, 5A, 6A, 7A, 8, and 9.
3. Our opinion of NON-MATERNITY is based on the below noted inconsistencies. The term "inconsistency" means that the band sizes of the tested woman do not match the obligate maternal alleles in the child profile. Based on the absence of these DNA markers (as determined by DNA analysis) the blood samples from FSA items #1A, 4A, 5A, 6A, 7A, 8, and 9 could not have originated from a biological offspring of the tested woman, Elizabeth O'Connor.

05/16/2007 Wed 09:39

Denise Whatley 5047349787

ID: #27602 Page 3 of 4

**ReliaGene Case # F001781****May 10, 2007****DNA TEST RESULTS FROM FORENSIC SCIENCE ASSOCIATES REPORT DATED 5-14-2001**

Genetic Loc	Blood from bathroom rug #3	
D3S1358	15,17	
WVA	15,17	Inconsistency
FGA	19,23	Inconsistency
D8S1179	10,13	Inconsistency
D21S11	30,31.2	Inconsistency
D18S51	12,15	
D6S818	12	
D13S317	12	Inconsistency
D7S820	8,11	
Amelogenin	X,Y	

05/16/2007 Wed 09:39

Denise Whatley 5047349787

ID: #27602 Page 4 of 4

ReliaGene Case # F001781

May 10, 2007

**DNA TEST RESULTS**

Genetic Loc	07-03128 Evidence: Buccal swabs of Elizabeth O'Connor
D3S1358	15, 16
VWA	14, 20
FGA	21, 25
D8S1179	15
D21S11	29
D18S51	13, 16
D6S818	12
D13S317	8, 11
D7S820	11, 12
CSF1PO	12, 13
TPOX	11
TH01	6, 9.3
D16S539	9, 10
Amelogenin	X
D19S433	14
D2S1338	18, 24

The positive, negative, and reagent blank control samples processed at ReliaGene produced the expected result, indicating that the experiments were performed successfully. Laboratory records document the secure custody of evidence samples from receipt throughout sample testing. ReliaGene Technologies Inc. is accredited by American Society of Crime Laboratory Directors/Laboratory Accreditation Board. If you have any questions concerning this work, please contact the following individual.

Huma Nasir  
Huma Nasir, M.S.  
Analyst III

May 10, 2007

Date

Sudhir K. Sinha  
Sudhir K. Sinha, Ph.D.  
President and Lab Director

May 10, 2007

Date

5525 Monnes Street, Suite 101  
New Orleans, LA 70123 Ph - 504-734-9700

Page 3 of 3

THW